

KANSAS DEPARTMENT OF AGRICULTURE  
DIVISION OF WEIGHTS AND MEASURES  
P.O. Box 19282, Building 282 - Forbes Field  
Topeka, Kansas 66619-0282  
PH: (785) 862-2415  
FAX: (785) 862-2460

LICENSE APPLICATION:

This application is for a service company license to test weighing or measuring devices. Separate applications must be filed for each place of business. The license will include authority to remove rejection and out-of-service tags placed on devices by the State and City jurisdiction Weights and Measures officials; authorizes service companies to place "in service" newly installed devices (only devices with an NTEP Certificate of Conformance). The licensee may also perform annual testing as required by Kansas Law.

Check Type of Business:

SCALE TESTING	Vehicle _____	Livestock _____	Hopper _____
	Miscellaneous _____	Retail Computing _____	
SCALE REPAIR	Vehicle _____	Livestock _____	Hopper _____
	Miscellaneous _____	Retail Computing _____	
METER TESTING	Refined Fuel Dispensers _____	VTM _____	LP _____
	Bulk Meters (Wholesale) _____		
METER REPAIR	Refined Fuel Dispensers _____	VTM _____	LP _____
	Bulk Meters (Wholesale) _____		

Does your company test only your own equipment or facilities?	Yes__	No__
Does your company repair only your own equipment or facilities?	Yes__	No__
Does your company test____repair____only non-commercial devices?	Yes__	No__

DO YOU WISH YOUR NAME TO APPEAR ON A LIST OF LICENSED SERVICE COMPANIES  
DISTRIBUTED TO POTENTIAL USERS OF YOUR SERVICES? Y or N

DO YOU WISH YOUR TOLL-FREE NUMBER TO APPEAR ON THE LIST? Y or N

Enclose \$100.00 with this license application (scale or meter). License expires June 30th of each year. Your cancelled check and the issued license will serve as your receipt.

\*\*\*\*\*

For Office Use Only

WRC \$100 TR# \_\_\_\_\_ Check # \_\_\_\_\_

Company Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

City

State

Zip Code

Street Address\_\_\_\_\_

City

State

Zip Code

Phone Number \_\_\_\_\_

FAX Number \_\_\_\_\_

Toll-Free Number \_\_\_\_\_

E-Mail Address\_\_\_\_\_

How many REGISTERED TECHNICIANS do you have at this location? \_\_\_\_\_

List name, home address, birth date, and SSN of these technicians:

Reg. Card Expires

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheet if necessary)

TESTING EQUIPMENT:

ATTACH CERTIFICATION REPORT WITH APPLICATION

Small Weight Kits \_\_\_\_\_ (Small Capacity Scale Testing)

To Whom Assigned \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weight Trucks\_\_\_\_\_  
(Number)

Total Weight of Test Weights per Vehicle\_\_\_\_\_

Gross Weight Per Vehicle (Buildups) \_\_\_\_\_

Provers\_\_\_\_\_  
(Number)

Size of Provers in Gallons\_\_\_\_\_

Date weights and provers were tested:\_\_\_\_\_  
(To be certified every 365 days)

Certified by whom:\_\_\_\_\_  
(Must be a NIST Approved Laboratory)

Do you have a current issue of NIST Handbook 44? Yes\_\_\_\_\_ No\_\_\_\_\_

Current issues can be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402: online at <http://ts.nist.gov/ts/htdocs/230/235/owmhome.htm> or by joining the National Conference on Weights and Measures.

All technical representatives for scales and meters are required to attend a continuing education class and pass a written examination.

"I hereby agree that if this application is approved and the license is granted, we will not remove rejection tags from a device unless the device is in full compliance with Handbook 44, is accurate, and meets all Kansas Requirements, nor issue a Device Installation Report (DI-701) on new equipment that does not have an NTEP Certificate of Conformance. We will leave a completed copy of the scale test report at the facility at the time of inspection. We will also leave a completed copy of the DI-701 form at the facility at the time of inspection if this form is required.

Test reports must be received within 10 days at the Weights and Measures Office. Device Installation Reports must be submitted with the test report."

"No person in my employ will be allowed to inspect or test weighing or measuring devices unless they are registered technicians. I further agree that the Kansas Department of Agriculture may suspend or revoke my license for good cause, WHICH MAY INCLUDE DECEPTIVE BUSINESS PRACTICES, after a hearing thereon. Should my license be suspended or revoked, I will surrender it immediately to the Weights and Measures Office..

I FURTHER AGREE THAT A DECAL OR SEAL WILL BE PLACED ON EACH DEVICE SHOWING NAME OF SERVICE COMPANY AND DATE OF TEST."

\_\_\_\_\_  
Name of Owner or Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Signature

\*\*\*\*\*

DO NOT WRITE IN THIS SPACE

The weights or measures to be used by the above company were certified on: \_\_\_\_\_

\_\_\_\_\_  
State Metrologist

The application for license is: Approved\_\_\_\_\_ Rejected\_\_\_\_\_.

Dated \_\_\_\_\_.

\_\_\_\_\_  
Director

License Number Issued: \_\_\_\_\_

Date Issued: \_\_\_\_\_